

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046191

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 154

STATE FILE NUMBER

FILED DEC 18 1962

## 1. PLACE OF DEATH

a. COUNTY

Carroll

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Carrollton

Length of stay in 1b

Life

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

518 W. Heidelberg

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Carroll

c. CITY  
OR TOWN

Carrollton

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

518 W. Heidelberg

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

CLAUDE

Middle

ELBERT

Last

LANCE

4. DATE  
OF DEATH

Month

Dec.

Day

9

Year

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

11/22/1885 77

## 9. AGE (last birthday)

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer, retired

## 10b. KIND OF BUSINESS OR INDUSTRY

Farming

## 11. BIRTHPLACE (City and state or country)

Carroll County, Mo. U.S.A.

## 12. CITIZEN OF WHAT COUNTRY

## 13a. FATHER'S NAME

Elijah S. Lance

## 13b. MOTHER'S MAIDEN NAME

Ida May Cotten

## 14. NAME OF HUSBAND OR WIFE

Rosa Lance

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Homer Earp, Carrollton, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

## INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from at former call to 10:00 P. and last saw her/him alive on 12/11/62.  
Death occurred at Carrollton, Mo. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22. SIGNATURE

Edward L. Smith Jr.

(Dr. or title)

Carroll County, Mo.

## 22b. ADDRESS

10 N. 9th St. Carrollton, Mo.

## 22c. DATE SIGNED

12-11-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

12/12/62

## 23c. NAME OF CEMETERY OR CREMATORY

Oak Hill Cem.

## 23d. LOCATION (City, town, or county)

Carrollton

## 23e. STATE

Mo.

## 24. FUNERAL DIRECTOR

Hibson Funeral Home, Carrollton, Mo.

## 25. DATE RECD. BY LOCAL REG.

12/12/62

## 26. REGISTRAR'S SIGNATURE

Ann (Alon) Hill Moore

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*James F. Gibson*

Licensed Embalmer No. 5076

P. O. Address Carrollton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.